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25231 7590 11/30/2004

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03/04/2005 HDEMESS2 00000004 10077196

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,196	02/15/2002	Matti Huiku	50003-00002	9506

TITLE OF INVENTION: COMPENSATION OF HUMAN VARIABILITY IN PULSE OXIMETRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370-\$1400	\$300	\$1670-\$1700	02/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KREMER, MATTHEW J	3736	600-331000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<ol style="list-style-type: none"> 1. <u>Marsh</u> 2. <u>Fischmann &</u> 3. <u>Breyfogle LLP</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Datex-Ohmeda, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Madison, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Date 2/25/05

Typed or printed name Thomas R. Marsh

Registration No. 31.039

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